

## TANK TIGHTNESS TEST



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
UNDERGROUND STORAGE TANK BRANCH  
200 FAIR OAKS LANE, SECOND FLOOR  
FRANKFORT, KENTUCKY 40601  
(502) 564-5981  
<http://waste.ky.gov/ust>**

FOR STATE USE ONLY

## UST FACILITY INFORMATION

## TESTER INFORMATION

Agency Interest (AI) Number:	Tester Name:	
UST Facility Name:	Certification #:	Expires:
Physical Address:	Tester Certified By: <input type="checkbox"/> Tank Manufacturer (Mark all that apply) <input type="checkbox"/> Test Equipment Manufacturer	
City, County, Zip:	Company Name:	
UST Owner:	Phone Number:	
Owner Phone Number:	Tester Signature:	

## TANK TIGHTNESS TEST METHOD INFORMATION

<b>Reason(s) for Test:</b> <input type="checkbox"/> Required Periodic Test <input type="checkbox"/> Suspected Release <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> DEP Directed <input type="checkbox"/> Other			
<b>Date of Test:</b>		<b>Test Method(s):</b>	
<b>Test Type(s):</b> <input type="checkbox"/> Volumetric-Overfill <input type="checkbox"/> Volumetric-Underfill <input type="checkbox"/> Non-volumetric-Vacuum <input type="checkbox"/> Non-volumetric-Ullage (Mark all that apply) <input type="checkbox"/> Non-volumetric-Tracer <input type="checkbox"/> Interstitial <input type="checkbox"/> Other(specify):			
<b>Leak Threshold:</b> <input type="checkbox"/> 0.1 gph <input type="checkbox"/> 0.05 gph <input type="checkbox"/> 0.01 gph <input type="checkbox"/> Other:		<b>Minimum Test Duration (min):</b>	
<b>Time Since Last Delivery (hr):</b>		<b>Dispensing During Test:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Tanks Isolated During Test:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Depth to Groundwater (ft):</b>		<b>Groundwater Level Above Tank Bottom(s):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Repairs &amp; Retest Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Release Reporting Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Next Test Due:</b>

## TANK INFORMATION

Insert tank information for up to 4 tanks. Attach additional pages for more tanks.	TANK #	TANK #	TANK #	TANK #
Substance Stored (Reg. Unleaded, Diesel, Kerosene, etc.)				
Tank Capacity (gallons)				
Tank Diameter (inches)				
Tank Material (Steel, Fiberglass, Clad or Jacketed Steel, Other)				
Tank Manufacturer				
Tank Model				
Tank Configuration (Single Wall / Double Wall)				
Tank Compartments (Number of compartments)				
Tank Manifolder (Indicate to which tank; example = T1/T4)				
Tank Leak Detection Method: (ATG, SIR, IM, MTG, etc.)				

## TANK TIGHTNESS TEST DATA

Amount of Product in Tank (gallons)				
Tank Percent Full (%)				
Temperature of Product in Tank (°F)				
Amount of Water in Tank (inches)				
Pressure Measured at Tank Bottom (psi)				
Test Duration (military time)				
Calculated Leak Rate (gph)				
Double-Wall Tank Secondary Containment (PASS / FAIL / N/A)				
Ullage Portion of Tank (PASS / FAIL / N/A)				
Test Results for Wet Portion of Tank (PASS / FAIL)				

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

**UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM**